

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for Class C Charter Certificate  
from Need-A-Lift Transportation Services, LLC

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2015 - 157 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Lasenta Lewis-Ellis

Telephone: 803-409-8100

Address: 2644 River Drive

Fax: 809-708-6739

Columbia, SC 29201

Other:

P.O. Box 2054, Columbia, SC 29202

Email: lellis@needaliftsc.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☒ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other:

RECEIVED

APR 22 2015

PSC SC  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

JS

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER**

Date: April 17, 2015

**CLASS C - CHARTER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Need-A-Lift Transportation Services, LLC

2644 River Drive, Columbia, SC 29201

Street Address of Applicant

P.O. Box 2054, Columbia, SC 29202

Mailing Address of Applicant (if different from street address)

803-409-8100

Phone

803-708-6739

Fax

llellis@needaliftsc.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

☒ X - Limited Liability Company

At this time, Need-A-Lift Transportation Services, LLC has only one Principal Officer:

Lasenta Lewis-Ellis, President, 377 Grandview Circle, Columbia, SC 29229

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month April Year 2015

**Assets:**

Cash	\$2,100.00
Receivables	0.00
Real Estate	0.00
Buildings and Equipment (Net)	0.00
Motor Vehicles (Net)	\$61,000.00
Garage Equipment (Net)	0.00
Machinery and Tools (Net)	0.00
Supplies on Hand	\$900.00
Prepays and Other Assets	0.00
<b>Total Assets*</b>	<b>\$64,000.00</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	0.00
Notes Payable	\$1,100.00
Mortgages Payable	0.00
Equipment Obligations	0.00
Accrued Salaries and Wages	0.00
Other Accrued Obligations	0.00
Other Liabilities	0.00
<b>Total Liabilities</b>	<b>\$1,100.00</b>
Capital Stock	\$62,900.00
Retained Earnings	0.00
<b>Total Equity</b>	<b>\$64,000.00</b>
<b>Total Liabilities and Equity*</b>	<b>64,000.00</b>

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

Need-A-Lift Transportation Services, LLC provides safe, reliable, and trusted transportation services for school aged children. Our services consists of an annual membership fee of \$75.00 per child with a discounted annual membership rate for families and groups. Our rates start at \$12 per 5 miles trip/child plus \$1.00 per additional mile per child after five (5) miles.

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |  |  |  |  |   |
|--|--|--|--|---|
| <input type="checkbox"/> Abbeville             | <input type="checkbox"/> Cherokee              | <input checked="" type="checkbox"/> Florence   | <input type="checkbox"/> Lee                   | <input type="checkbox"/> Saluda                 |
| <input checked="" type="checkbox"/> Aiken      | <input checked="" type="checkbox"/> Chester    | <input type="checkbox"/> Georgetown            | <input checked="" type="checkbox"/> Lexington  | <input checked="" type="checkbox"/> Spartanburg |
| <input checked="" type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield          | <input checked="" type="checkbox"/> Greenville | <input type="checkbox"/> Marion                | <input checked="" type="checkbox"/> Sumter      |
| <input type="checkbox"/> Anderson              | <input type="checkbox"/> Clarendon             | <input type="checkbox"/> Greenwood             | <input type="checkbox"/> Marlboro              | <input checked="" type="checkbox"/> Union       |
| <input type="checkbox"/> Bamberg               | <input type="checkbox"/> Colleton              | <input type="checkbox"/> Hampton               | <input type="checkbox"/> McCormick             | <input type="checkbox"/> Williamsburg           |
| <input type="checkbox"/> Barnwell              | <input checked="" type="checkbox"/> Darlington | <input type="checkbox"/> Horry                 | <input checked="" type="checkbox"/> Newberry   | <input checked="" type="checkbox"/> York        |
| <input checked="" type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon                | <input checked="" type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee                |   |
| <input type="checkbox"/> Berkeley              | <input type="checkbox"/> Dorchester            | <input checked="" type="checkbox"/> Kershaw    | <input checked="" type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide              |
| <input type="checkbox"/> Calhoun               | <input type="checkbox"/> Edgefield             | <input checked="" type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens               |   |
| <input checked="" type="checkbox"/> Charleston | <input checked="" type="checkbox"/> Fairfield  | <input checked="" type="checkbox"/> Laurens    | <input checked="" type="checkbox"/> Richland   |   |

## DESCRIPTION OF EQUIPMENT

**You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.**

**Maximum Number of Passengers Vehicle is Equipped to Carry:** (The number of passengers a vehicle is equipped to carry is based on the number of **seatbelts** in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

[illegible]

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Need-A-Lift Transportation Services, LLC

Name of Applicant

2644 River Drive, Columbia, SC 29201

Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ 1,000,000

Limits \$1,000,000 CSL (Uninsured & Underinsured)

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers\* \$ 25,000/50,000/25,000

8-15 Passengers\* \$ 25,000/100,000/25,000

\* Passengers = Number of seatbelts in the vehicle,  
including the driver's seatbelt

Berkshire Hathaway Homestate Insurance Company

Name of Insurance Company

1314 Douglas Street, Omaha, NE 68102

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

04/17/2015

Date

Trey Cantey, Allstate Insurance, (803) 699-5596

Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

Need-A-Lift Transportation Services, LLC

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

### **Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.  
☒ Yes                      ☐ No
  
2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.  
☒ Yes                      ☐ No
  
3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.  
☒ Yes                      ☐ No
  
4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.  
☒ Yes                      ☐ No
  
5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.  
☒ Yes                      ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

*Jose Antonio Lugo-Echeverri*

Applicant's Signature

President/CEO

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )

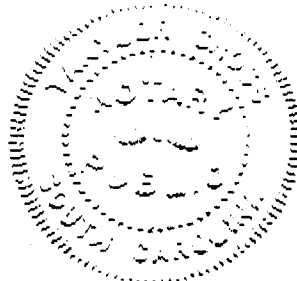
COUNTY OF Richland )

SWORN TO BEFORE ME

This 20~~15~~ day of April, 20 15

*Tanya L...*  
Notary Public

Commission Expires My Commission Expires August 12, 2024



NEED-A-LIFT TRANSPORTATION SERVICES. I  
Quote #: 3731978



**Berkshire Hathaway**  
**HOMESTATE COMPANIES**

**Terms and Conditions:** This quote is being offered subject to the following terms and conditions. BHHC disclaims any responsibility for your failure to reconcile the original application with coverage quoted herein. Failure to comply with the following conditions may result in cancellation.

- Inform which, if any, filings are required.
- Accurate Radius Classification.
- Compliance with UM/UIM Limit Requirements.
- No Transportation of Hazardous Materials, Garbage, Contaminated Soil, Asbestos, or similar exposures.
- Any driver < 21 years old must be submitted to company.
- Prompt reporting of all new drivers.
- All New Drivers must meet driver guidelines.
- Complete and Accurate Driver Information.
- Operation: School Buses For Hire
- Radius: Up to 50 miles
- Filings: None
- Subject to receiving correct VINs

**Disclosure Statement:** The premium for this account includes a commission that is within the terms of your normal commission schedule included within the provisions of your Agency Agreement. If your agency contract includes a Profit Sharing Agreement, this policy may or may not be included in that profit sharing plan. It's unclear at this time whether you will be eligible for profit sharing or whether this individual account will increase or decrease any profit sharing payout as the loss ratio is undetermined at this time and any payments are not guaranteed.

**This is NOT a binder of insurance. Company must be notified prior to Binding Coverage.**

# Account Summary For NEED-A-LIFT TRANSPORTATION SERVICES, LLC.

## BHHC Quick

Quote #: 3731978

Status: Approved

Policy Type: AP

Originally Quoted: 1/01/1900 1:00 AM  
Quote Perfect: 4/07/2015 2:58 PM EDT  
Proposed Effective: 4/08/2015 12:00 AM  
Proposed Expiration: 4/08/2016 12:00 AM

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	1,000,000 CSL	3,310
7	UM - BIPD	1,000,000 CSL	280
7	UIM - BIPD	1,000,000 CSL	274
7	Medical Payments	5,000	398
7	Physical Damage	See Specific Unit	1,480
	Total Ins Value	82,000	

Quoted By: Robbie Thielen  
Berkshire Hathaway Homestate  
1314 Douglas St  
Omaha, NE 68102

Producer: Northeast Agencies, Inc.  
6467 Main St Ste 104  
Williamsville, NY 14221  
Phone - (716) 276-2900  
Fax - (716) 954-2255

DOT #: Unknown

MC #: Unknown

Add'l Ins'd/Lessor

66

Total \$5,808.00

Revision: 2SC2015R01

BHHC-Rate Version: 8.3.33.117

## Vehicle Information

Unit	Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	AI/Lessor	Unit Sub Total
1 2015 NISSAN PATHFINDER (02204) Comp/Coll: \$31,000 Deductible: 500/500 Radius: Up to 50 Miles	1,655	140	137	199	740	N/A	66	2,937
2 2015 NISSAN PATHFINDER (02204) Comp/Coll: \$31,000 Deductible: 500/500	1,655	140	137	199	740	N/A	N/A	2,871



### Berkshire Hathaway

HOMESTATE COMPANIES

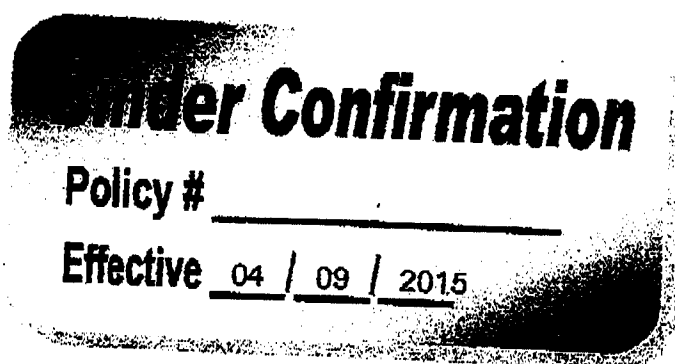
NEED-A-LIFT TRANSPORTATION SERVICES, LLC.

Quote #: 3731978

## **Schedule of Forms & Endorsements**

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CA 0001 (03/2006) Business Auto Coverage Form  
CA 0150 (03/2006) South Carolina Changes  
CA 2119 (03/2006) South Carolina Uninsured Motorists Coverage  
CA 2188 (03/2006) South Carolina Underinsured Motorists Coverage  
CA 2402 (12/1993) Public Transportation Autos  
CA 8958 (04/2014) South Carolina Auto Medical Payments Coverage  
CA 9980 (03/2006) Audio, Visual, and Data Electronic Equipment Coverage  
M 3912b (08/2001) Stated Amount Insurance  
M 4568a (11/1999) South Carolina Liability Insurance ID Card  
M 4572 (12/1994) Schedule of Forms and Endorsements at Policy Inception  
M 4600a (04/2003) Commercial Policy Jacket  
M 4803 (02/1988) Abuse or Molestation Exclusion  
M 4959a (03/2002) Schedule of Covered Autos  
M 5332a (12/2009) South Carolina Changes - Cancellation and Nonrenewal  
M 5398 (03/2009) South Carolina Important Notice - Uninsured Motorist  
M 5479 (04/2010) Towing and Storing Costs  
M 5605 (02/2011) Business Auto Coverage Declarations  
M 5623 (04/2011) Application of Policy - Financial Responsibility  
M 5749 (01/2013) Underinsured Motorists Coverage Amendatory Endorsement



### Bind Request Confirmation

Thank you for your request to bind coverage in for:

Insured Name:	NEED-A-LIFT TRANSPORTATION SERVICES, LLC.
Policy Number:	
Requested Effective Date/Time:	4/10/2015 4:17:25 PM EDT
Bound Premium:	\$5,808.00
Pay Plan:	Eleven Payment Plan
Down Payment Amount:	\$1,162

**NOTE:**

This is an unmonitored e-mail address. Please do not reply to this e-mail address.

**SOUTH CAROLINA LIABILITY INSURANCE  
IDENTIFICATION CARD**

An insurance policy has been issued that meets requirements of South Carolina Financial Responsibility Law of 1977.

COMPANY NUMBER  
02

COMPANY  
Berkshire Hathaway Homestate Insurance Company

EFFECTIVE DATE  
04/10/2015 4:17 PM

EXPIRATION DATE  
04/10/2016 12:00 AM

YEAR  
2015

MAKE/MODEL  
NISSAN PATHFINDER

VEHICLE IDENTIFICATION NUMBER  
6N1AR2NN2FC802204

**AGENCY/COMPANY ISSUING CARD**

Northeast Agencies, Inc.  
6467 Main St Ste 104  
Williamsville, NY 14221

INSURED  
NEED-A-LIFT TRANSPORTATION SERVICES, LLC.  
2844 RIVER DRIVE  
COLUMBIA, SC 29202

88-4556a (11/1999)

SEE IMPORTANT NOTICE ON REVERSE SIDE

CUT ALONG THIS LINE

**SOUTH CAROLINA LIABILITY INSURANCE  
IDENTIFICATION CARD**

An insurance policy has been issued that meets requirements of South Carolina Financial Responsibility Law of 1977.

COMPANY NUMBER  
02

COMPANY  
Berkshire Hathaway Homestate Insurance Company

POLICY NUMBER  
02 APR 01

EFFECTIVE DATE  
04/10/2015 4:17 PM

EXPIRATION DATE  
04/10/2016 12:00 AM

YEAR  
2015

MAKE/MODEL  
NISSAN PATHFINDER

VEHICLE IDENTIFICATION NUMBER  
6N1AR2NN2FC802204

**AGENCY/COMPANY ISSUING CARD**

Northeast Agencies, Inc.  
6467 Main St Ste 104  
Williamsville, NY 14221

INSURED  
NEED-A-LIFT TRANSPORTATION SERVICES, LLC.  
2844 RIVER DRIVE  
COLUMBIA, SC 29202

88-4556a (11/1999)

SEE IMPORTANT NOTICE ON REVERSE SIDE

CUT ALONG THIS LINE

**THIS CARD MUST BE CARRIED  
IN THE INSURED VEHICLE FOR  
PRODUCTION UPON DEMAND**

Report All Accidents To:

**1-800-356-5750**

24 Hour Toll Free

Claims may also be reported at:  
[bhhccclaim@bhhc.com](mailto:bhhccclaim@bhhc.com)

CUT ALONG THIS LINE

**THIS CARD MUST BE CARRIED  
IN THE INSURED VEHICLE FOR  
PRODUCTION UPON DEMAND**

Report All Accidents To:

**1-800-356-5750**

24 Hour Toll Free

Claims may also be reported at:  
[bhhccclaim@bhhc.com](mailto:bhhccclaim@bhhc.com)

CUT ALONG THIS LINE

**SOUTH CAROLINA LIABILITY INSURANCE  
IDENTIFICATION CARD**

An insurance policy has been issued that meets requirements of South Carolina Financial Responsibility Law of 1977.

COMPANY NUMBER 02      COMPANY  
Berkshire Hathaway Homestate Insurance Company

EFFECTIVE DATE 04/10/2015 4:17 PM      EXPIRATION DATE 04/10/2016 12:00 AM

YEAR 2015      MAKE/MODEL NISSAN PATHFINDER      VEHICLE IDENTIFICATION NUMBER 5N1AR2NN3PC802518

AGENCY/COMPANY ISSUING CARD  
Northeast Agencies, Inc.  
6467 Main St Ste 104  
Williamsville, NY 14221

INSURED  
NEED-A-LIFT TRANSPORTATION SERVICES, LLC.  
2844 RIVER DRIVE  
COLUMBIA, SC 29202

M-4588a (11/1/88)

SEE IMPORTANT NOTICE ON REVERSE SIDE

CUT ALONG THIS LINE

**SOUTH CAROLINA LIABILITY INSURANCE  
IDENTIFICATION CARD**

An insurance policy has been issued that meets requirements of South Carolina Financial Responsibility Law of 1977.

COMPANY NUMBER 02      COMPANY  
Berkshire Hathaway Homestate Insurance Company

EFFECTIVE DATE 04/10/2015 4:17 PM      EXPIRATION DATE 04/10/2016 12:00 AM

YEAR 2016      MAKE/MODEL NISSAN PATHFINDER      VEHICLE IDENTIFICATION NUMBER 5N1AR2NN3PC802518

AGENCY/COMPANY ISSUING CARD  
Northeast Agencies, Inc.  
6467 Main St Ste 104  
Williamsville, NY 14221

INSURED  
NEED-A-LIFT TRANSPORTATION SERVICES, LLC.  
2844 RIVER DRIVE  
COLUMBIA, SC 29202

M-4588a (11/1/88)

SEE IMPORTANT NOTICE ON REVERSE SIDE

CUT ALONG THIS LINE

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IN THE INSURED VEHICLE FOR  
PRODUCTION UPON DEMAND**

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**1-800-356-5750**

24 Hour Toll Free

Claims may also be reported at:  
[bhhccclaim@bhhc.com](mailto:bhhccclaim@bhhc.com)

CUT ALONG THIS LINE

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PRODUCTION UPON DEMAND**

Report All Accidents To:

**1-800-356-5750**

24 Hour Toll Free

Claims may also be reported at:  
[bhhccclaim@bhhc.com](mailto:bhhccclaim@bhhc.com)

CUT ALONG THIS LINE

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

**NEED-A-LIFT TRANSPORTATION SERVICES LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on March 2nd, 2007, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.**

**Given under my Hand and the Great  
Seal of the State of South Carolina this  
20th day of April, 2007.**

A handwritten signature in black ink that reads "Mark Hammond". The signature is written in a cursive style with a large, stylized "M" and "H".

**Mark Hammond, Secretary of State**

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

MAR 02 2007

ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY

Mark H. ...  
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is Need-A-Lift Transportation Services LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is P.O. Box 2054

Street Address  
Columbia 29202  
City Zip Code

3. The initial agent for service of process of the Limited Liability Company is

Lasenta D. Lewis-Ellis  
Name

Lasenta Lewis-Ellis  
Signature

and the street address in South Carolina for this initial agent for service of process is

377 Grandview Circle  
Street Address  
Columbia 29229  
City Zip Code

4. The name and address of each organizer is

(a) Lasenta D. Lewis-Ellis  
Name  
377 Grandview Circle, Columbia  
Street Address City  
South Carolina 29229  
State Zip Code

(b) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address City  
\_\_\_\_\_  
State Zip Code

(Add additional lines if necessary)

5. ☐ Check this box only if the company is to be a term company. If so, provide the term specified:

070302-0262 FILED: 03/02/2007  
NEED-A-LIFT TRANSPORTATION SERVICES LLC  
Filing Fee: \$110.00 ORIG



6. ☒ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager.

(a) Lasenta D. Lewis-Ellis  
Name  
377 Grandview Circle, Columbia  
Street Address City  
South Carolina 29229  
State Zip Code

(b) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address City  
\_\_\_\_\_  
State Zip Code

(c) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address City  
\_\_\_\_\_  
State Zip Code

(d) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address City  
\_\_\_\_\_  
State Zip Code

(Add additional lines if necessary)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:
- \_\_\_\_\_
9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.
10. Signature of each organizer  
Larsen & Ganti-Elvis  
Date 03-02-07  
(Add Additional lines if necessary)

**FILING INSTRUCTIONS**

1. File two copies of this form, the original and either a duplicate original or a conformed copy.
2. If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form.
3. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.

Return to: Secretary of State  
P.O. Box 11350  
Columbia, SC 29211

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**LASENTA LEWIS-ELLIS**

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# Fax

April 22, 2015

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**TO: S.C. Public Service Commission****FROM: Lasenta Lewis-Ellis****PAGES: 21 (including fax cover sheet)****FAX: 803-896-5199****FAX: 803-708-6739****PHONE:****PHONE: 803-409-8100****CC:****RE: Need-A-Lift Transportation Services, LLC Class C Charter Application Process****COMMENTS:**

Attached is the Application for Need-A-Lift Transportation Services, LLC to seek our Class C Charter Certification. After your review, if you require additional information, please contact me at (803) 409-8100. Thank you in advance for your review. Have a good day!

- 
- ☐ Urgent
- ☐ Please review
- ☐ Please comment
- ☐ For your records